

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

19 CV 6086

LEWIS LUGO
Write the full name of each plaintiff. (241-17-05408)

No. _____
(To be filled out by Clerk's Office)

-against-

COMPLAINT
(Prisoner)

Do you want a jury trial?
☒ Yes ☐ No

THE City of New York, P.O. SABHA -
BRUGAL, #265, JOSE VALDEZ, #1842
P.O. PEDRO GOMEZ, #580, - P.O. JOHN
DOE, N.Y.P.D. Precinct 42nd Precinct et al (IN-OFFICIAL/Personal Capacity)

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

WILSON

First Name

Middle Initial

WUGO

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

(#241-17-05408) N.Y.S.I.D.#0911-4427Q

Current Place of Detention

G.R.V.C. - Riker's Island

Institutional Address

09-09-WAZENST, E. ELMHURST, NEW YORK

County, City

State

Zip Code

11370

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

Saetha BRUGAL (#265)
 First Name Last Name Shield #
 Current Job Title (or other identifying information)
 New York City Police Officer
 Current Work Address
 42nd Precinct, Bronx, N.Y. Command Squad
 County, City State Zip Code

Defendant 2:

JOSE VALDEZ (#1842)
 First Name Last Name Shield #
 Current Job Title (or other identifying information)
 New York City Police Officer
 Current Work Address
 42nd Precinct, Bronx, N.Y.
 County, City State Zip Code

Defendant 3:

PEDRO GOMEZ (#580)
 First Name Last Name Shield #
 Current Job Title (or other identifying information)
 New York City Police Officer
 Current Work Address
 42nd Precinct, Bronx, N.Y.
 County, City State Zip Code

Defendant 4:

City of New York #
 First Name Last Name Shield #
 Current Job Title (or other identifying information)
 New York City Police Officer
 Current Work Address
 42nd Precinct, Bronx, N.Y.
 County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: 1016-WASHINGTON^{Ave}, -AND- 164TH ST, Bronx, N.Y.

Date(s) of occurrence: September 6TH, 2017

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

On September 6TH, 2017 at Approx. 1:50 in the City of Bronx, New York I, Plaintiff, Wilson Lucio, had just Exited Out of a Building Visiting some family and friends at 1016-Washington Ave And, 164TH ST. Upon me walking on 164TH towards Third Ave, I observed a Black Chevrolet Impala Jump upon the sidewalk side I was walking on, and Accelerated its speed heading directly towards me as it quickly come

upon the sidewalk Approaching me, I didn't have time or the Opportunity to protect my self. The Vehicle Violently Slammed into my left-side Pelvis Area, with that Type of impact I lost Balance and fell to the Ground, I forced myself to get up, Due to the Fear Anxiety, Attack and unknown identification of who was assaulting me. I feared for my wife and safety.

1 SEE
ATTACHED
CONTINUATION
STATEMENT
OF
FACTS!!!

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Severe excruciating Pain in my 1 Side hip
And, Unbearable pain in my Pelvis Area. Blurred Vision
in Right Eye, possible TORN muscles in Back, And,
Neck. migraine Headaches.
Mental Anxiety Attacks, psychological pain & suffering.
Emotional distress, I

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I am seeking to have a Civil Trial held against
The Named Defendants, and if my claim is
Proven to be facts. I would like to have each
defendant held Liable for my injury's. and
TO Be Reasonably Compensated along
with Punitive Damages Accountability
attributed to each defendant. I want
each defendant to be held Accountable in
Their "official, and, Personal" Capacities.

Plaintiff SEEK'S
\$3.5 million
Page 5 U.S.
Dollars.

"STATEMENT OF FACT'S"

#1.) On September, 6th, 2017 at approximately 1:50 in the County of the Bronx, New York I plaintiff WILSON LUGO, had just exited out of a building from visiting a family friend at 1016 Washington Avenue & 164th Street. Upon me walking on 164th street towards Third Ave, I observed a Black Impala Chevrolet vehicle jump the sidewalk I was on. And, had accelerated its speed heading directly towards me.

#2.) As it quickly came upon the sidewalk approaching me, I didn't have time or the opportunity to protect myself. The vehicle violently slammed into my left side Pelvis Area with that type of Impact I lost balance and fell to the ground, I forced myself to get up, Due to the Fear anxiety attack and unknown identification of who was assaulting me. I feared for my life & Safety.

#3.) As I manage to get away from my assailants, since I was totally under the impression I was being targeted for a random assault attack or, possible Robbery attempt. So I ran towards 164 th Street. As I began to run a plainclothe N.Y.P.D. Detective who had never identified himself to me as a Police Officer grabbed me from behind & started to slammed me brutally upon the sidewalk concrete pavement.

#4.) I hit the sidewalk pavement head first, and began to fall on top of me, pinning me to the surface. Within seconds my face, head & back became a punching bag for all the public and gathering police officers involved in the unnecessary use of excessive force (ASSAULT). They (Four) police officers were all dressed in civilian plain clothes, continued to join in on the assault & escalate the matter instead of quelling the incident from rising any further.

#5.) I was next escorted to the 42nd Precinct and placed under arrest. Where I was held for "72" hours without being officially arraigned into criminal court for the allegation. Throughout that time I was denied medical assistance for approxiametly (2) day's until E.M.S. medical personnel had finally arrived and commenced to examine my injuries.

#6.) During that period in the precinct I was deprived of the basic health necessities such as "FOOD" & "WATER" as an means to torture and humiliate me. Also, as a means to extract a criminal statement, Confession, or incriminating information out of me to bolster the case & its arrest evidence. I was also, denied the right to use a "TELEPHONE" to contact my family & Defense Attorney.

#7.) The primary reason I was subjected to this type of mistreatment is due in part to the warrantless arrest made by these defendants. Which was deemed illegal after the "24" period of detention had come to it's toll. I was held for a extensive "40" plus hours after being admitted into N.Y.P.D. custody. and not arraigned upon the alleged charges as it is so mandated by C.P.L. #140.20.

"CONTINUATION OF PARAGRAPH#7"

The defendants had filed a falsified statement report that claimed I (PLAINTIFF) was seen a "few Hour's" after arriving at the 42nd Precinct station house. A single careful review of the documented "E.M.S. MEDICAL TREATMENT REPORT/FORM" reflects upon said documentation that detective JOSE VALDEZ, #1842 had completed the same document alleging that the Medical treatment report/form was completed on September, 6th, 2017.

But, upon the E.M.S.-document examiner report it has been technically dated as of September, 8th, 2017 "NOT" September, 6th, 2017 as detective VALDEZ #1842 has proclaimed to be a false Fact. See, Exhibit "A" Also, Defendant SASHA BRUGAL #265 had interfered in the medical technicians examination of plaintiff WILSON LUGO, in the 42nd Precinct who directed the E.M.S. medical physicians discontinue the treatment because they wanted to get plaintiff to the Bronx Criminal Court house on time, which was a facade.

- #8.) I was initially denied medical assistance treatment but, after several long hours of me complaining to the precinct desk Sgt. he had alerted "E.M.S. medical technicians who arrived & assisted me with my notable injuries. The defendants have denied the plaintiff medical assistance immediately after the assault on him was carried out on him less than a hour thereafter. that denial is a characteristic "Medical Negligence" & "Failure to Protect" in violation of Pursuant to his 8th & 14th U.S.C.A. Rights.
- #9.) See, Annexed Exhibit "A". (Medical Treatment Of Prisoner Form). As I was admitted into the New York City Department of Corrections at Riker's Island I was given additional medical treatment follow up. Which I received pain killers medication (IBUPROFEN) and also, Psychiatric Medication to treat the medical traumatical effects I had experienced at the hands of the N.Y.-P.D. arresting police officer's. The medical diagnosis was later issued & determined to be attributed to Mental anguishment & Depression of anxiety attacks symptoms. Medicine recommended for diagnosis is "RIMROM".
- #10.) There is video surveillance footage content of the incident in question which was preserved for discovery. The video is directly apart of the arresting police officers uniform body cameras for investigation & arrest purposes.

#11.) Plaintiff WILSON LUGO, defense attorney MITCHEL IGNATOFF, Esq. has a courtesy copy of the video surveillance assault incident which he recieved from the prosecutor in the case N.Y.P.D. effected their arrest upon. Defense counsel is practicing currently at the law firm address of: 42 West 44th Street, New York, New York, 10028 (Tele# 646-598-9460).

#12.) Subsequently, thereafter I filed a grievance complaint for assault & battery of official misconduct against the group of arresting police officers involved in the incident to the New York City Civilian Complaint Review Board (C.C.R.B.) informing them of the incident and requesting for a probe. As of the date of this complaint being filed I am awaiting for the conclusion of their investigation results. See, Exhibit "B".

#13.)

DEFENDANT#1.)THE CITY OF NEW YORK-AUTHORITY MUNICIPALITY

DEFENDANT#2.)P.O.SASHA BRUGAL,#265-(DETECTIVE)42ND PRECINT
BRONX NEW YORK

DEFENDANT#3.)P.O.JOSE VALDEZ,#1842-(DETECTIVE)42ND PRECINT
BRONX NEW YORK

DEFENDANT#4.)P.O.PEDRO GOMEZ,#580-(DETECTIVE) 42ND PRECINT
BRONX NEW YORK

DEFENDANT#5.)P.O.JOHN DOE,#????-(DETECTIVE)42 PRECINT
BRONX NEW YORK

PLAINTIFF,WILSON LUGO,CITES THE NAMED DEFENDANTS IN SEQUENCE
ORDER,HOWEVER,PLAINTIFF RESERVES THE RIGHT TO STATE THE NAMES OF
UNKNOWN DEFENDANTS WHO PARTICIPATED IN THE INCIDENT AS OF THE
DATE OF THIS FILING AS"JOHN DOE/JANE DOE" UNTIL DISCOVERY IS
MADE AND SAID UNKNOWN PARTICIPANT ARE LATER IDENTIFIED HEREIN.
THIS 42 U.S.C.#1983 CIVIL RIGHTS VIOLATION COMPLAINT FILED IN
THE SOUTHERN DISTRICT COURT OF NEW YORK RESPECTFULLY.

"CAUSE OF ACTION FOR 42 U.S.C.#1983 COMPLAINT"

- #1.) This Civil Rights Violations complaint filed under 42 U.S.C. 1983 is being predicated on a issue of a Federal Question: That falls within the constitutional vessels of the plaintiff 8th & 14th United States Constitutional Amendments.A provision that was deliberately abridged by the defendants named herein.
- #2.) Each named defendant acted a individual in the personal and official capacity's as a agent of the State cloth within the governmental obligations while acting under the Color of the State Law.Who deliberately inflicted harm & injuries upon the plaintiff WILSON LUGO,in a wanton,capricious & arbitrary manner. Which as a result caused the plaintiff to suffero permanant injuries damages to his physical person(s) by the defendants using complete unnessary excessive use of force on September, 6th,2017 in attempt to secure the plaintiff for arrest.

#3.) The plaintiff WILSON LUGO, never resisted arrest during this violent encounter with said defendants. It was never stated in the arresting police officers arrest report that the plaintiff had intentions to harm them, escape or resist in moments & time leading up to the apprehension. That would perhaps explain by a show of facts that the use of force necessary & justified.

4.) The use of force was totally unnecessary & excessively flagrant in nature. The conduct rises to the level of cruel & Unusual Punishment, along with deprivation of Due Process to equal protection to the Law. (FARMER v. BRENNER, 511 U.S. 825) (WOLFF v. McDONNELL, 418 U.S. 539)

#5.) The defendants are 100% liable for plaintiff injuries in the sole capacity that several actually participated in the assault while the other defendants stood by failing to deescalate the injustice act set upon the plaintiff. The others are JOHN DOE, due to failure to disclose their identity's after the incident was quell.

#6.) Plaintiff WILSON LUGO, demands herein that a If, the defendants are held liable by and on the applications of the Law, there after said civil trial has came to a conclusion, Plaintiff indubiously, request's & "DEMAND" that the judgment./compensation for said tort/injuries be made in the sum amount of \$3.5,000.000, Million U.S.Dollars, as well as PUNITIVE DAMAGES in the amount of \$5.3,000,000, Million U.S.Dollars.

Respectively, Submitted



PLAINTIFF,

WILSON LUGO, #

G.R.V.C.

09-09 HAZEN STREET
E.ELMHURST, NEW YORK, 11370

"EXHIBIT -"A"

#1.) **"PLAINTIFF WILSON LUGO MEDICAL TREATMENT OF PRISONER REPORT".**


MEDICAL TREATMENT OF PRISONER
 PD 244-150 (Rev. 12-99)-Pen-RMU

SECTION I - TO BE COMPLETED BY N.Y.P.D.

Prisoner's Name (Last, First, M.I.) (Print) Lugo, Wilson						Date 9/6/17	
Address Homeless						Age 40	
Street						Sex M	
Zip Code						Telephone No.	
Arresting Rank (Print) Name (Last, First, M.I.) 2010 SSS - J A 11:30						Signature	
Officer						Shield No.	
Arrest No.						Tax Reg. No.	
Cmd. Of Arrest						Command	
Charge							
Escort Rank (Print) Name (Last, First, M.I.) DET 1 Valdez, Jose						Signature	
Officer						Shield No.	
Prisoner Requests/Requires Medical Aid						Tax Reg. No.	
Prisoner Refused Medical Aid						Command	
Date						Prisoner's Signature	
Time							
Transported To Hospital (Name) N/A						Operator Rank (Print) Name (Last, First, M.I.)	
Date						Operator Rank (Print) Name (Last, First, M.I.)	
Time						Operator Rank (Print) Name (Last, First, M.I.)	
Via Patrol Wagon #						Operator Rank (Print) Name (Last, First, M.I.)	
RMP #						Operator Rank (Print) Name (Last, First, M.I.)	
ACR #						Operator Rank (Print) Name (Last, First, M.I.)	
Returned From Hospital						Operator Rank (Print) Name (Last, First, M.I.)	
Attempted Suicide						Operator Rank (Print) Name (Last, First, M.I.)	
Nature Of Illness/Injury						Operator Rank (Print) Name (Last, First, M.I.)	
Restraining Devices Used						Operator Rank (Print) Name (Last, First, M.I.)	
E. S. U. Responded						Operator Rank (Print) Name (Last, First, M.I.)	
If Yes, Respondent's Rank (Print) Name (Last, First, M.I.)						Operator Rank (Print) Name (Last, First, M.I.)	
Prescription Medication						Operator Rank (Print) Name (Last, First, M.I.)	
Possessed At Arrest						Operator Rank (Print) Name (Last, First, M.I.)	
Prescription Number And Name Of Physician						Operator Rank (Print) Name (Last, First, M.I.)	
Pharmacy / Phone No.						Operator Rank (Print) Name (Last, First, M.I.)	
Property Clerk Invoice No./Cmd.						Operator Rank (Print) Name (Last, First, M.I.)	
Remarks: Def't is complaining of pain to right side of lower seat of stomach and small pain to right eye							

Prisoner Refused Medical Aid In The Field <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Prisoner Refused Medical Aid At The Command <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Prisoner Refused Medical Aid Within The Court Section <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Recommend Prisoner Be Separated From General Population <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
E.M.S. Field Personnel		E.M.S. Court Section		E.M.S. Court Section		E.M.S. Court Section	
Print Name (Last, First, M.I.)		Print Name (Last, First, M.I.)		Print Name (Last, First, M.I.)		Print Name (Last, First, M.I.)	
Rank (Print) Name (Last, First, M.I.)		Rank (Print) Name (Last, First, M.I.)		Rank (Print) Name (Last, First, M.I.)		Rank (Print) Name (Last, First, M.I.)	
Signature		Signature		Signature		Signature	
NYPD Supervisor/Desk Officer		NYPD Supervisor/Desk Officer		NYPD Supervisor/Desk Officer		NYPD Supervisor/Desk Officer	
Date		Date		Date		Date	
Time		Time		Time		Time	

SECTION II - TO BE COMPLETED BY HOSPITAL MEDICAL STAFF

Admitted To Hospital		Suicide Watch Recommended By		Transfer to Psychiatric Hospital Recommended		Medication Prescribed		Medication To Be Taken As	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Medication To Travel With Prisoner		Refer To Psychiatric Hospital		Medication Prescribed		Medication To Be Taken As		Medication To Be Taken As	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Print Name (Last, First, M.I.)		Signature		Title		Date		Time	
NYPD Court Section Supervisor		Signature		Title		Date		Time	
Received By		Signature		Title		Date		Time	
Department Of Correction		Signature		Title		Date		Time	

DISTRIBUTION: 1. WHITE, 2. BLUE, 3. PINK - DEPT. OF CORRECTION, 4. BUFF - CMD. OF ARREST, 5. GREEN - ARRAIGNING JUDGE.
 (Receipt will be obtained by Escorting Officer on PINK COPY and returned to COURT SECTION facility. Upon receipt of PINK COPY, COURT SECTION Supervisor will remove BUFF COPY from FILE and forward it to COMMAND OF ARREST FOR FILE.)

NOTE: A PHOTO COPY OF THIS FORM MAY BE PROVIDED UPON REQUEST TO HEALTH AND HOSPITALS CORPORATION (HHC) PERSONNEL.

"EXHIBIT -"B"

#2.) "PLAINTIFF WILSON LUGO CIVILIAN/GRIEVANCE COMPLAINT TO C.C.R.B."

FROM: Mr. WILSON LUGO, # 241-17-05408
G.R.V.C.
09-09 HAZEN STREET,
E.ELMHURT, NEW YORK, 11370

TO : NEW YORK CITY CIVILIAN COMPLAINT REVIEW BOARD
ADMINISTRATIVE OFFICE,
100 CHURCH STREET, 10 FLOOR,
NEW YORK, NEW YORK, 10277-1954

Dated: March, 5th, 2019

Sub: "RECENT COMMUNICATION-REQUEST FOR PROBE INTO N.Y.P.D. MISCONDUCT-
FOR "ASSAULT & BATTERY" UPON CITIZEN/PRISONER"

Dear, Sir/Madam,

PLEASE BE KINDLY ADVISED, as of the date of
this letter to your area office regarding the above subject.

I am writing this letter to have your area office probe a
complaint filed against several N.Y.P.D. officer's for an
"ASSAULT & BATTERY" incident that occurred out of the 42nd

Precinct vicinity area in the County of the Bronx, New York,

On September, 6th, 2017 at approximately 1350

Hours at the location of 1016 Washington Ave & 164th Street,

I was walking in the direction of Third Ave when all of sudden a unmarked detective Black Impala Cheverolette Vehicle has accelerated it's speed level and came towards Me,It suddenly leaped upon the sidewalk that I was walking on and headed directly to me.I attempted to move out of the way,But,unfortunatelty I never made it quick enough,

The Vehicle had violently struck me in my right side pelvis area causing me to lose balance and fall upon the ground pavement pavement.I next tried to get up on my feet and was tackled down back to the ground by several Police officers who was dressed in plainclothes attire garments.All the while they never stated prior to encountering me that they are members of the 442nd Precint command N.Y.P.D.

Seconds later I was immediatelty experiencing several fist Feets,kicking me punching on me elbowing me back to the ground Brutally being beaten on without a single word of announcing themselves as N.Y.P.D.

I finally gave inn to the assault & battery attck and asked to please! stop!!!. After about(2)minutes so to speak they stop and placed me in Metal restraints handcuffs.

I was taken to the vehicle that struck me and place inside, all the while I was profusely bleeding and accrued several laceration markes all over my body.I requested to see a Doctor or be taken to a area hospital,but,that request was blantly denied.Until several hours went by at the precinct and I continued to requesttfor medical assistance desk Sgt. contacted Medical assistance "E.M.S." who arrived and gave me minimum treatment.See,Exhibit"A" N.Y.P.D.-Medical Treatment Form of Prisoner.

I was arrested for a alleged charge of Assault upon a person on September,6th,2017 I was denied"FOOD & WATER" and was held in the Precint for"72" hours arrest date 9/6/17 My Court date for arraignment was on 9/9/17 check Bronx County Criminal Court Administrative Records for verffication.

Where thihs arrest and brutal assault occurred was also -
captured on video surveillance footage tapes in that vicinity
particularly on 164th Street and third ave.

I was not aware of whom to report this assault to other than
my defense attorney Mr.MITCHELL E.IGNATOFF,Esq.of:42 West 44th
Street,N.Y.N.Y.10028(Tele#646-598-9460).

My attorney has knowledge of this incident and a copy of the
Video was given to him by the Assistant District Attorney
Prosecuting the case I being held on in Bronx County New York,

It has been over a year but,I can without question prove my
allegations which are preserved on a DVD.with The Supreme Court
County Clerk Administrative Office of recordds.I am a layman
in terms of knowing the law & its procedure of operations.

I was severely timid & afraid of pursuing these allegations
against N.Y.P.D. I was thinking they might upgrade my charge?
offer me too much time? a lot of things cross my mind,só I
am coming forward NOW!!! could you PLEASE! grant me a future
interveiw

The police officers who assaulted me are as follows:

#1.) P.O. SASHA BRUGAL, #265 (42nd Precinct Bronx N.Y.)

#2.) P.O. JOSE VALDEZ, #1842 (42nd Precinct Bronx, N.Y.)

#3.) P.O. PEDRO GOMEZ, #580 (42nd Precinct Bronx, N.Y.)

#4.) P.O. JOHN DOE, #???? (42nd Precinct Bronx, N.Y.)

These are the party's responsible for carrying out the ASSAULT & BATTERY against me on September, 6th, 2017. I sincerely appreciate it if you grant me this interview to expose this official misdeed of these foul police individuals who need to be held accountable for my injuries.

Your time & effort that you spend in this matter of mine will be kindly & sincerely appreciated

Thank You!

Respectively Submitted

COMPLAINANT/GRIEVANT

WILSON LUGO,

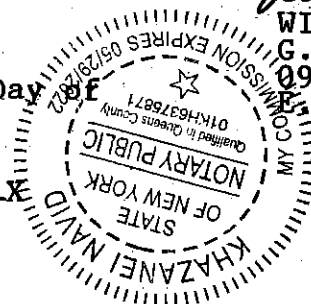
G.R.V.C.

09-09 HAZEN STREET

E. ELMHURST, NEW YORK, 11370

Sworn to before Me this 23 Day of
March, 2019

NOTARY PUBLIC





COMPLAINT REPORT – CIVILIAN COMPLAINT REVIEW BOARD

Instructions. You may file this report by:

- (A) Delivering it in person to the Civilian Complaint Review Board (CCRB); or
- (B) Mailing it (postage pre-paid) to the CCRB; or
- (C) Telephoning the CCRB at 1-800-341-CCRB; or
- (D) Filing it at any police precinct station house (obtain filing receipt).

1. COMPLAINANT Last Name	First Name	MI	Home Phone	Business Phone
LUGO, Wilson			N/A	N/A
Address (Home/Business)		Apt. No.	City	State
G.R.V.C. - 09-09 Hazen St. E. Amherst, NY				
Optional/For statistical purposes only: Sex: (M) (F)		Race/Ethnicity: 11320		

2. Did you witness the incident complained of? ☒ Yes ☐ No
3. If you are filing a complaint on behalf of someone else, what is your relationship, if any, to the person(s)?
☐ Parent ☐ Spouse ☐ Relative ☐ Guardian ☐ Child ☐ Friend ☐ None ☒ Other "Victim"
4. Please provide as much of the following information as you can about the person(s) on whose behalf the complaint is filed and any witness(es) to the incident. (Use other side of page if necessary):

a. <input checked="" type="checkbox"/> VICTIM <input type="checkbox"/> WITNESS	Last Name	First Name	MI	Home Phone	Business Phone
	LUGO, Wilson			N/A	N/A
Address (Home/Business)		Apt. No.	City	State	Zip Code
G.R.V.C. - 09-09 Hazen St. E. Amherst, NY					11320
Optional/For statistical purposes only: Sex: () M () F		Race/Ethnicity:			

b. <input type="checkbox"/> VICTIM <input type="checkbox"/> WITNESS	Last Name	First Name	MI	Home Phone	Business Phone
Address (Home/Business)		Apt. No.	City	State	Zip Code
Optional/For statistical purposes only: Sex: () M () F		Race/Ethnicity:			

5. September 6th, 2017 1016 Washington Ave, Bx. N.Y.
 Date and Time of Incident Location of Incident (including borough)

6. Identification of police officer(s) complained of (if unknown, provide physical description of officer(s) or type of duty performed; such as dressed in uniform or in civilian clothes; foot, scooter or auto patrol; detective). Also identify officer(s) at the scene who are not complained of. (Use other side of page if necessary):

Rank	Name	Precinct/Command	Patrol Car #	Shield #
Det	Sasha Beugol	42nd		#265
Det	Jose Valdez	42nd		#1842
Det	Pedro Gomez	42nd		#580

7. Description of the incident in as much detail as possible. (Use other side of page if necessary):

SEE ATTACHED
 STATEMENT
 OF
 FACTS!

8. I have read the foregoing complaint and the contents thereof are true to the best of my knowledge and information.

[Signature]
 COMPLAINANT'S SIGNATURE DATE 12/01/2019

SEAL WITH TAPE

DO NOT WRITE IN THIS SPACE

FOLD HERE



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



CIVILIAN COMPLAINT REVIEW BOARD
100 CHURCH ST FL 10
NEW YORK NY 10277-1954



FOLD HERE

(Write additional information below if necessary)

Empty rectangular box for additional information.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

March, 25th, 2019
 Dated
 Wilson Hugo
 First Name Middle Initial Last Name
 G.O.R.V.C. (#241-17-05408)
 Prison Address
 09-09-Hazen STREET, E. Elmhurst, N.J.
 County, City State Zip Code 07070

Date on which I am delivering this complaint to prison authorities for mailing: March 25th 2019

FROM: Wilson, Lugo bin# 19A1669
Clinton Correctional Facility
PO BOX 2001
DUNELAND, NEW YORK 12929



RECEIVED
2019 JUN 27 PM 2:58
CLERK'S OFFICE
U.S.D.C.

Clinton
★
Correctional Facility

"LEGAL MAIL"
NEED POST
06/25/2019
US POSTAGE \$001.75
04/15/1272305

Pro Se
EK

**U.S. DISTRICT COURT
SDNY**

TO: United States District Court
Southern District of New York
U.S. Court house
Foley Square, 40 Centre St.
New York, New York 10007-1581

"LEGAL MAIL"